



Personal History Record and Background Disclosure Form for Charitable Gaming Licensees and Nebraska (State) Lottery Vendors

Company Name	Address	City	State
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This form must be completed by each sole proprietor, partner, officer, director, board member, limited liability company member, and shareholder holding ten percent (10%) or more of the debt or equity of the applicant, contractor, or licensee.

Type an answer to every question. If a question does not apply to you, indicate N/A. If there is not sufficient space, use a separate sheet of paper labeled with the appropriate title of the section. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. You are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be sufficient cause to deny a license application or suspend, cancel, or revoke an existing license or contract.

1 PERSONAL INFORMATION

Last Name	First Name	Middle Name	Maiden Name
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Alias(es), Nickname(s), Other Name Changes, Legal or Otherwise

Current Home Address	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Home Telephone Number ()	Work Telephone Number ()
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City	State	Zip Code	Social Security Number
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Birth Date	Birth Place (City, State, Country)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Driver's License Number	State
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Hair Color	Eye Color	Height	Weight
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Scars, Tattoos or Distinguishing Marks and/or Characteristics	Personal E-Mail Address	Business E-Mail Address
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Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	If alien, registration no.	If naturalized, certificate no.	Date	Place
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• List all previous addresses for the past ten (10) years starting with most recent (use month and year for date information).

Address	City	State	From	To	(✓)		Other (i.e., parents)
					Own	Rent	

2 MARITAL INFORMATION

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged

Current Marriage (Date, City, County, and State)

Spouse's Full Name (Maiden)	Social Security Number	Date of Birth	Place of Birth (City, County, State)
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Spouse's Residence Address if Different (Street, City, State, and Zip Code)

Spouse's Employer	Occupation	Home Telephone Number ()	Work Telephone Number ()
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Address of Employer (Street, City, State, and Zip Code)

PREVIOUS MARRIAGES (If ever legally separated, divorced, or annulled, indicate below)

Current Name of Previous Spouse	City, County, and State of Order or Decree	Date

LIST THE NAME AND CURRENT ADDRESS OF YOUR MOST RECENT PREVIOUS SPOUSE

Current Name of Previous Spouse	Street, City, State, Zip Code	Telephone No.

3 RELATIVE INFORMATION						
• List all persons 18 years of age or older living at any residence(s) at which you reside (other than spouse)						
Name		Date of Birth		Relationship (i.e., relative, boarder, roommate, unmarried partner)		
• List any relatives (including in-laws) who are employed by the State of Nebraska						
Name		Relationship		Agency		Location
4 POST-HIGH SCHOOL EDUCATIONAL HISTORY						
Name and Location of Educational Institution	From (Year)	To (Year)	Fields of Study	No. of Hrs.	GRADUATION	
					Year	Degree Awarded
Name			Major			
Location			Minor			
Name			Major			
Location			Minor			
5 MILITARY SERVICE						
Branch				Honorable Discharge <input type="checkbox"/> YES <input type="checkbox"/> NO		
Rank/Rate	Military Identification Number		Dates of Service From: _____ To: _____			
Duties						
While in the military service, were you ever arrested for an offense which resulted in summary action, a trial, or special or general court martial? <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>						
If Yes, furnish details on separate sheet.						
6 CERTIFICATES AND LICENSES						
• List any professional and/or vocational certificates, licenses, and/or permits you have received, including government security clearances.						
Certificate			VALID			
			From	To		
7 EMPLOYMENT HISTORY						
• List all positions held for the past ten (10) years, starting with your most current. Attach additional page(s) if necessary.						
EMPLOYER (Name, Address, and Telephone Number)	Supervisor's Name	Title of Position and Reason for Leaving	Salary	Total Compensation	EMPLOYMENT	
					From	To
Current Position:						
Have you ever been dismissed or asked to resign from employment? <div><input type="checkbox"/> YES <input type="checkbox"/> NO</div>						
If Yes, explain (include company name and immediate supervisor): _____						

8 EXPERIENCE IN THE GAMING INDUSTRY (Use month and year for date information)

Company Name	Position Held	From	To	Immediate Supervisor

9 CIVIL COURT RECORDS

- List all occasions when you have been a participant (plaintiff, defendant, or witness) in a court action. Include corporate and personal lawsuits, bankruptcies, judgments, divorces, etc.

Date	City	State	Court
Nature and Disposition of Case			

Date	City	State	Court
Nature and Disposition of Case			

10 CRIMINAL COURT RECORDS

- List all incidences when you have been arrested, charged, or convicted of a felony and/or misdemeanor, even if not formally charged, did not appear in court, found not guilty, and/or matter settled by payment of fine or forfeiture of collateral (except those legally expunged by a competent court). Attach additional page(s) if necessary.

Date	Place	Charge
Final Disposition		

Describe Nature of Incident

Date	Place	Charge
Final Disposition		

Describe Nature of Incident

11 BANKRUPTCY (Personal and/or Business)

Have you been deemed legally bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

☐ YES ☐ NO If Yes, complete the following table.

Date Filed	Docket Number	Name and Address of Court	Name and Address of Filing Party	Name and Address of Trustee

12 MISCELLANEOUS INFORMATION

1 Have you sustained either a personal or corporate loss where a significant insurance payment was received?

☐ YES ☐ NO If Yes, explain: _____

2 Have you owned or invested in businesses/companies which are or were the subject of a federal or state investigation?

☐ YES ☐ NO If Yes, explain: _____

3 Have you applied for, received, and/or been denied a liquor license in Nebraska or any other state?

☐ YES ☐ NO If Yes, explain: _____

4 Are you related, acquainted, or a bettor with any illegal sports bookmaker in Nebraska or any other state?

☐ YES ☐ NO If Yes, explain: _____

5 Are there any problems or areas you would like to discuss before we initiate a background investigation?

☐ YES ☐ NO If Yes, explain: _____

6 Have you ever applied for and/or been investigated for any type of license, permit, or authorization in Nebraska or another state?

☐ YES ☐ NO If Yes, where? _____

☐ YES ☐ NO If Yes, state name of business entity, nature and amount of your interest investment and the percent of ownership in the business entity which your interest or investment represents.

☐ YES ☐ NO If Yes, describe each such interest: _____

☐ YES ☐ NO If Yes, list the state, province, or foreign country where you filed: _____

☐ YES ☐ NO

11 If you answered No to either/both question(s) 9 or 10, please explain: _____

Signature of Notary Public